

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Keles, Ahmet Ozlem

Application No.: 10/816,714

Group Art Unit: 3732

Filed: April 5, 2004

Examiner:

Not Yet Assigned

Confirmation No.: 1173

For: MAXILLARY MOLAR DISTALIZATION JIG

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
8164105	<i>Antoinette G. Guslicino</i>
Date	Signature
Antoinette G. Guslicino	
Typed or printed name of person signing certificate	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	12	MINUS	* 20	0
INDEP	3	MINUS	3* *	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$ 0
X	\$43	\$ 0
+	\$145	\$ 0

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$
X	\$86	\$
+	\$290	\$

TOTAL = \$ 0

Please charge Deposit Account No. 50-3098 for the following fees:

<input type="checkbox"/>	Petition for [            ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
		TOTAL:	\$ <u>0</u>

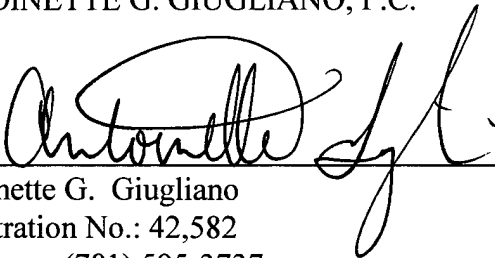
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [            ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
		TOTAL:	\$ <u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 50-3098 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

ANTOINETTE G. GIUGLIANO, P.C.

By  \_\_\_\_\_  
Antoinette G. Giugliano  
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Dated: 8/24/05